



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

WRIGHT W SINGLETON MD
121 N E LOOP 820 SUITE 100
HURST TX 76053

Carrier's Austin Representative Box

Box Number 15

Respondent Name

INDEMNITY INSURANCE CO OF NORTH
AMERICA

MFDR Date Received

February 7, 2012

MFDR Tracking Number

M4-12-2020-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The claim was sent to ESIS (Coventry) in a timely manner and we have not received payment. I have called to ask for reconsideration after adding the doctor's license number to the HCFA-1500 form and again we still have not received payment."

Amount in Dispute: \$650.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The respondent did not submit a response to this dispute for consideration.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 13, 2011	CPT Code 99456-WP	\$650.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §134.204 sets out the fee guidelines for the reimbursement of workers' compensation specific codes, services and programs provided on or after March 1, 2008.
3. 28 Texas Administrative Code §133.10 sets out billing procedures for health care providers.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated December 28, 2011

- (125) – Submission/billing error (s).
- NOTES/MESSAGES: Provider's State License Number is Invalid or was not received. (X282)

Explanation of benefits dated January 13, 2012

- (125) – Submission/billing error (s).
- NOTES/MESSAGES: Provider's State License Number is Invalid or was not received. (X282)
- * – We are unable to recommend an additional allowance since this claim was paid in accordance with the state's fee schedule guidelines, First Health Bill Review's usual and customary policies, and/or was reviewed in accordance with the provider's contract with First Health. (Z951)

Explanation of benefits dated January 20, 2012

- (125) – Submission/billing error (s).
- NOTES/MESSAGES: Referring provider license number is invalid. Please resubmit bill with this information included. (F630)
- * – We are unable to recommend an additional allowance since this claim was paid in accordance with the state's fee schedule guidelines, First Health Bill Review's usual and customary policies, and/or was reviewed in accordance with the provider's contract with First Health. (Z951)

Issues

1. Did the requestor complete the required data content or data elements on the medical bills for payment in accordance with 28 Texas Administrative Code §133.10(f)(1) (K) and (L)?
2. Is the requestor entitled to reimbursement for the disputed services?

Findings

1. 28 Texas Administrative Code §133.10 (f)(1)(K) and (L) states:

“(f) All information submitted on required paper billing forms must be legible and completed in accordance with this section. The parenthetical information following each term in this section refers to the applicable paper medical billing form and the field number corresponding to the medical billing form.

(1) The following data content or data elements are required for a complete professional or noninstitutional medical bill related to Texas workers' compensable health care:

(K) referring provider's state license number (CMS-1500/field 17a) is required when there is a referring doctor listed in CMS-1500/field 17; the billing provider shall enter the "OB" qualifier and the license type, license number, and jurisdiction code...

(L) referring provider's National Provider Identifier (NPI) number (CMS-15/field 17b) is required when CMS-1500/field 17 contains the name of a health care provider eligible to receive an NPI number..."

Review of the requestors submitted DWC060, the initial and reconsideration of the medical billing form CMS-1500, Box 17, lists Patty Shahan as the referring provider however, Box 17a does not list the referring provider's license number nor does Box 17b list the referring provider's NPI number. The Division finds that the requestor did not complete the required data content or data elements on the medical bills for payment in accordance with 28 Texas Administrative Code §133.10 (K) and (L).

2. Therefore, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	July 6, 2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.